

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hup</i>	<i>12</i>	<i>5/12</i>
O.I.P.E. CLASSIFIER	<i>hup</i>	<i>12</i>	<i>5/12</i>
FORMALITY REVIEW	<i>hup</i>	<i>12</i>	<i>5/12</i>
RESPONSE FORMALITY REVIEW	<i>hup</i>	<i>12</i>	<i>5/12</i>

# INDEX OF CLAIMS

✓ ..... Rejected N .....  
 = ..... Allowed I .....  
 - (Through numeral)..... Canceled A .....  
 + ..... Restricted O .....  
 ..... Interference  
 ..... Appeal  
 ..... Objected

Best Available Copy

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If more than 150 claims or 10 actions  
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